

CITY OF BURNS

CONDITIONAL USE APPLICATION

APPLICANT:

Name(s) _____

Address _____

Business Phone _____ Home Phone _____

Owner (if other than applicant)

Name _____

Address: _____

Business Phone: _____ Home Phone _____

PROPERTY DESCRIPTION:

Lot (s) _____ Block (s) _____

Addition _____

Street Address _____

Currently Zoned _____ Total Sq. Footage _____

EXISTING EASEMENTS:

Purpose and Description _____

Volume and Page Number _____

EXISTING DEED RESTRICTIONS:

Purpose and Description _____

Volume and Page Number _____

SPECIFICATIONS OF REQUEST

Explain in detail the intended use of the property and why a conditional use is needed: _____

ATTACHMENTS:

The following attachments must accompany this application before it can be accepted by the City:

- a) Ten (10) copies of a site plan, drawn to scale, and including all proposed improvements or development with relevant measurements and other information necessary to evaluate the application.**
- b) A list of the names, addresses, and tax lot numbers of all owners of property situated within 200 feet, including public rights-of-way, of the external boundaries of the property affected by the application. Such names, addresses, and tax lot numbers shall be those listed on the last preceding tax roll of the Harney County Assessor.**
- c) If the application is filed by an authorized agent of the affected property owner, a written copy of such authorization must be submitted.**
- d) A filing fee, which is nonrefundable, of actual cost with a \$1000.00 deposit that must be paid to the City of Burns. Failure to pay such billing shall render any action taken relative to this application null and void until such payment is received.**

APPLICANT AND OWNERS STATEMENT

As the applicant(s) and/or owner(s) of the property described above, I/We realize that this application rests upon the above answers and accompanying data, and do hereby affirm and certify under penalty of perjury that the foregoing statements and answers are in all respects true and correct to the best of my/our knowledge.

APPLICANTS:

(printed) (signature) (date)

(printed) (signature) (date)

OWNER(S) if other than applicant:

(printed) (signature) (date)

(printed) (signature) (date)

ADMINISTRATIVE STAFF:

(printed) (signature) (date)

Fire Chief:

(printed) (signature) (date)

Public Works Director

(printed) (signature) (date)